1964

Stomach Cancer

No relationship has been established between tobacco use and stomach cancer (Chapter 9, p. 229).

NON-NEOPLASTIC RESPIRATORY DISEASES, PARTICULARLY CHRONIC BRONCHITIS AND PULMONARY EMPHYSEMA

Cigarette smoking is the most important of the causes of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis.

A relationship exists between pulmonary emphysema and cigarette smoking but it has not been established that the relationship is causal. The smoking of cigarettes is associated with an increased risk of dying from pulmonary emphysema.

For the bulk of the population of the United Stales, the importance of cigarette smoking as a cause of chronic bronchopulmonary disease is much greater than that of atmospheric pollution or occupational exposures.

Cough, sputum production, or the two combined are consistently more frequent among cigarettesmokers than among non-smokers.

Cigarette smoking is associated with a reduction ventilatory function. Among males, cigarette smokers have a greater prevalence of breathlessness than non-smokers.

Cigarette smoking does not appear to cause asthma.

Although deathcertification shows that cigarette smokers have a moderately increased risk of death from influenza and pneumonia, an association of cigarette smoking and infectious diseases is not otherwise substantiated (Chapter 10p. 302).

CARDIOVASCULAR DISEASE

Smoking and nicotine administration cause acute cardiovascular effects similar to those induced by stimulation of the autonomic nervous system, but these effects do not account well for the observed association between cigarette smoking and coronary disease. It is established that male cigarette smokers have a higher death rate from coronary disease than non-smoking males. The association of smoking with other cardiovascular disorders is less well established. If cigarette smoking actually caused the higher death rate from coronary disease, it would on this account be responsible for many deaths of middle-aged and elderly males in the United States. Other factors such as high blood pressure, high serum cholesterol, and excessive obesity are also known to be associated with an unusually high death rate from coronary disease. The causative role of these factors in coronary disease, though not proven, is suspected strongly enough to be a major reason for taking countermeasures against them. It is also more prudent to assume that the established association between cigarette smoking and coro-

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nary disease has causative meaning than to suspend judgment until no uncertainty remains (Chapter 11, p. 327).

Male cigarette smokers have a higher death rate from coronary artery disease than non-smoking males, but it is not clear that the association has causal significance.

Other Conditions

Peptic Ulcer

Epidemiological studies indicate an association between cigarette smoking and peptic ulcer which is greater for gastric than for duodenal ulcer (Chapter 12, p340).

Tobacco Amblyopia

Tobacco amblyopia (dimness of vision unexplained by an organic lesion) has been related to pipe and cigar smoking by clinical impressions. Tbe association has not been substantiated by epidemiological or experimental studies (Chapter 12, p. 342).

Cirrhosis of the Liver

Increased mortality of smokers from cirrhosis of the liver has been shown in the prospective studies. The data are not sufficient to **support a direct or causal association (Chapter 12, p. 342).**

Maternal Smoking and Infant Birth Weight

Women who smoke cigarettes during pregnancy tend to have babies of lower birth weight.

Information is lacking on the mechanism by which this decrease in birth weight is produced.

It is not known whether this decrease in birth weight has any influence on the biological fitness of the newborn (Chapter 12, p. 343).

Smoking and Accidents

Smoking is associated with accidental deaths from fires in the home.

No conclusive information is available on the effects of smoking on traffic accidents (Chapter 12, p. 345).

Morphological Constitution of Smokers

The available evidence suggests the existence of some morphological differences between smokers and non-smokers, but is too meager to permit a conclusion (Chapter 1[illegible]p. 387).

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